

REQUEST FOR QUOTATIONS <i>(THIS IS NOT AN ORDER)</i>		This RFQ [] is [X] is not a small business-small purchase set-aside (52.219-4)			PAGE OF PAGES 1 1	
1. REQUEST NO. N61331-03-Q-2023	2. DATE ISSUED 5 May 2003	3. REQUISITION/PURCHASE REQUEST N61331-3119-C504	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1 ➔	RATING DO-C9		
5A. ISSUED BY Coastal Systems Station, Dahlgren Division NSWC Code SP10, Clarence R. Campbell Panama City, FL 32407-7001			6. DELIVER BY (Date)			
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Clarence R. Campbell (850) 234-4853 fax (850) 234-4251 EMAIL:campbellcr@ncsc.navy.mil			7. DELIVERY <div style="display: flex; justify-content: space-between;"> X FOB DESTINATION OTHER (See Schedule) </div>			
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE			9. DESTINATION (Consignee and address, including ZIP Code) Coastal Systems Station Receiving, BLDG 100 6703 West Highway 98 Panama City, FL 32407-7001			
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) MAY 16, 2003		11. BUSINESS CLASSIFICATION (Check appropriate boxes) a. Standard Industrial Classification Code _____ <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED b. Small Business Size Standards _____				
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
12. SCHEDULE (Include applicable Federal, State, and local taxes)						
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
0001	JUNCTION BOX ASSEMBLY, P/N 699-7000-001	1	EA	\$ _____	\$ _____	
0002	ATAS ASSEMBLY, P/N 699-7050-001	1	EA	\$ _____	\$ _____	
0003	MAINTENANCE STATION UNIT, P/N 699-7100-001	1	EA	\$ _____	\$ _____	
0004	COMMUNICATION CONTROL UNIT, P/N 499-5800-001	1	EA	\$ _____	\$ _____	
FOB DEST						
13. DISCOUNT FOR PROMPT PAYMENT ➔		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %	
NOTE: Additional provisions and representations [] are [] are not attached.						
14. NAME AND ADDRESS OF QUOTER (Street, city, country, State, and ZIP Code)			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION	
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)	

